

BEST AVAILABLE COPY

CLAIMS ONLY							Applicant Number 10/724595		Filing Date #1				
							Applicant(s)						
CLAIMS							* May be used for additional claims or amendments						
AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT									
Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	/							51		/			
2								52		/			
3								53		/			
4		/						54	/	/			
5	/							55	/	/			
6		/						56	/	/			
7		/						57	/	/			
8		/						58		/			
9	/							59		/			
10		/						60		/			
11								61	/	/			
12		/						62		/			
13		/						63		/			
14		/						64		/			
15	/							65		/			
16		/						66		/			
17		/						67	/	/			
18	/							68		/			
19	/							69		/			
20	/							70		/			
21	/							71		/			
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26	/							76		/			
27	/							77		/			
28	/							78		/			
29		/						79		/			
30		/						80		/			
31		/						81		/			
32	/							82		/			
33		/						83		/			
34		/						84		/			
35		/						85		/			
36		/						86		/			
37		/						87		/			
38	/							88		/			
39		/						89		/			
40		/						90		/			
41								91		/			
42		/						92		/			
43								93		/			
44	/							94	/	/			
45		/						95	/	/			
46		/						96	/	/			
47	/							97	/	/			
48	/							98		/			
49	/							99		/			
50	/							100		/			
Total Indep								Total Indep	29				
Total Depend								Total Depend	71				
Total Claims								Total Claims	100				

[illegible]

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